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PTO/SB/05 (4/98)

Approved for use through 09/30/2000. OMB 0551-0032
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number

UTILITY PATENT APPLICATION TRANSMITTAL

555255012123 Attorney Docket No. First Inventor or Application Identifier Hind System & Method For Synchronizing Title

(Only for new nonprovisional applications under 37 C.F.R. § 1.53(b))

Databases Express Mail Label No. EJ490782233US

APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents.		Assistant Commissioner for Patents ADDRESS TO: Box Patent Application Washington, DC, 20231						
APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents. 1. X * Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original and a duplicate for fee processing) 2. X Specification [Total Pages] 3.4] (preferred arrangement set forth below) - Descriptive title of the Invention - Cross References to Related Applications - Statement Regarding Fed sponsored R & D - Reference to Microfiche Appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings (if filed) - Detailed Description - Claim(s) - Abstract of the Disclosure 3. X Drawing(s) (35 U.S.C. 113) [Total Sheets 9] 4. Oath or Declaration [Total Pages]] 5. Microfiche Computer Program (Appendix) 6. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) a. Computer Readable Copy b. Paper Copy (identical to computer copy) c. Statement verifying identity of above copie of Statement Papers (cover sheet & document(s)) 8. 37 C.F.R.§3.73(b) Statement Power of (when there is an assignee) Attorney 9. English Translation Document (if applicable) 10. Information Disclosure Copies of IDS Statement (IDS)/PTO-1449 Citations 11. Preliminary Amendment 12. X Return Receipt Postcard (MPEP 503) (Should be specifically itemized) 13. Statement(s) Statement filed in prior application, (PTO/SB/91) Status still proper and desire (PTO/								
see 37 C.F.R. §§ 1.63(d)(2) and 1.33(b). *NOTE FOR ITEMS 1 & 13: IN ORDER TO BE ENTITLED TO PAY SMALL ENTITY FEES, A SMALL ENTITY STATEMENT IS REQUIRED (37.C.F.R. § 1:27), EXCEPT IF ONE FILED IN A PRIOR APPLICATION IS RELIED UPON (37.C.F.R. & 1.28).								
16. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment: Continuation								
	17. GOINEGFORE							
Customer Number or Bar Code Label (Insert Customer No. or Altach bar code label here)								
Name	David B. Cochran, Esq. Jones, Day, Reavis & Pog	ue						
4 4 4	North Point							
Address	901 Lakeside Avenue							
City	Cleveland State	OH Zip Code 44114						
Country	US Telephone	216/586-3939 Fax 216/579-0212						
Alama (
<u> </u>	Name (Print/Type) David B. Cochran Registration No. (Attorney/Agent) 39,142							
Signatui	e Dans B. Coello	Date 4/10/2000						

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PTO/SB/17 (12/99)

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Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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FEE TRANS	MITTAL	Complete if Known			
		Application Number			
for FY 2	2000	Filing Date			
Patent fees are subject to annual revision.		First Named Inventor	Hind		
Small Entity payments <u>must</u> be supported otherwise large entity fees must be paid.		Examiner Name			
See 37 C.F.R. §§ 1.27 and 1.28.		Group / Art Unit			
TOTAL AMOUNT OF PAYMENT	(\$) 1,032.00	Attorney Docket No.	555255012123		
METHOD OF PAYMENT	(oback one)	FFE CA	I CILL ATION (continued)		

(1) = 7 = 3 = 3 Milling Books (14). 333233012123									
METHOD OF PAYMENT (check one)	FEE CALCULATION (continued)								
1. The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:	3. ADDITIONAL FEES Large Entity Small Entity								
Deposit 10.1000	Fee Fee Fee Fee Fee Description Code (\$) Code (\$)	Fee Paid							
Account Number 10-1202	105 130 205 65 Surcharge - late filing fee or cath								
Deposit Account Jones, Day	127 50 227 25 Surcharge - late provisional filing fee or cover sheet.								
Name Concey 247	139 130 139 130 Non-English specification								
Charge Any Additional Fee Required Under 37 CFR §§ 1.16 and 1.17	147 2,520 147 2,520 For filing a request for reexamination								
	112 920° 112 920° Requesting publication of SIR prior to Examiner action								
2. Payment Enclosed: Check Money Other	113 1,840° 113 1,840° Requesting publication of SIR after Examiner action								
FEE CALCULATION	115 110 215 55 Extension for reply within first month								
	116 380 216 190 Extension for reply within second month								
1. BASIC FILING FEE Large Entity Small Entity	117 870 247 435 Extension for reply within third month								
Fee Fee Fee Fee Description	118 1,360 218 680 Extension for reply within fourth month								
404 600 004 045 1455 65 4	128 1,850 228 925 Extension for reply within fifth month								
101 690 201 345 Utility filing fee 690	119 300 219 150 Notice of Appeal								
107 480 207 240 Plant filing fee	120 300 220 150 Filing a brief in support of an appeal								
108 690 208 345 Reissue filing fee —	121 260 221 130 Request for oral hearing								
114 150 214 75 Provisional filing fee	138 1,510 138 1,510 Petition to institute a public use proceeding								
	140 110 240 55 Petition to revive - unavoidable								
SUBTOTAL (1) (\$)690.00	141 1,210 241 605 Petition to revive - unintentional								
2. EXTRA CLAIM FEES	142 1,210 242 605 Utility issue fee (or reissue)								
Fee from Ext <u>ra Claims below Fee Paid</u>	143 430 243 215 Design issue fee	`							
Total Claims 26 -20** = 6 × 18 = 108	144 580 244 290 Plant issue fee								
Independent 6 - 3** = 3 × 78 = 234	122 130 122 130 Petitions to the Commissioner								
Multiple Dependent	123 50 123 50 Petitions related to provisional applications								
*or number previously paid, if greater, For Reissues, see below	126 240 126 240 Submission of Information Disclosure Stmt								
Large Entity Small Entity Fee Fee Fee Fee Fee Description Code (\$) Code (\$)	581 40 581 40 Recording each patent assignment per	-							
103 18 203 9 Claims in excess of 20	146 690 246 345 Filling a submission after final rejection (37 CFR § 1.129(a))								
102 78 202 39 Independent claims in excess of 3	149 690 249 345 For each additional invention to be								
104 260 204 130 Multiple dependent claim, if not paid	examined (37 CFR § 1.129(b))								
109 78 209 39 ** Reissue independent claims over original patent	Other fee (specify)								
110 18 210 9 ** Reissue claims in excess of 20 and over original patent	Other fee (specify)								
SUBTOTAL (2) (\$) 342.00 Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$) -0									
SUBMITTED BY Complete (if applicable)									
Name (PrintType) David B. Cochran Registration No. (Attorney/Agent) 39,142 Telephone 216/586-3939									
Signature David B. Cochran (Attorney/Agent) 39,142 releptrone 216/586-3939									

SUBMITTED BY				Complete (if applicable)		
Name (Print(Type)	David B. Cochran	Registration No. (Attorney/Agent)	39,142	Telephone	216/5	86-3939
Signature	David B. Cock	lan		Date	4/10	12000

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